

Psychological Symptoms of University Students In Accordance With Sociodemographic Features

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Abstract

Problem Statement : Psychological problems often emerge during periods of stress, anxiety and depression in the normal course of human life. While experiencing these negative environmental conditions, an individual may encounter personal difficulties that often manifest as adaptive difficulties with regards to university life. Unaddressed, these psychological symptoms often manifest themselves bi-directionally throughout the education period and into work and family life.

Purpose of Study:

The purpose of this study is primarily to determine the effects of variables that include: parent(s) living or dead; parents' marital state; birth order and age and number of siblings, as related to negative psychological symptoms of university students. Additionally, an analysis is made to provide some degree of prediction regarding the effect of these variables with regard to adaptation to university life.

Methods: The study was conducted with the participation of university students at Atatürk University, Erzurum, Turkey. The sample of the study consists of 997 university students chosen randomly, and unproportionally chosen from the general student population. Psychological symptom scores of participating university students were obtained through Brief Symptoms Inventory (BSI). One way varianceanalysis (ANOVA), t test and regression analysis were applied for statistical analysis of the collected data.

Findings and Results: In relation to parents' status as deceased or alive, a significant difference was found in terms of hostility and anxiety disorder

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scores, with a negative affect upon those whose parents(s) are deceased. Parents' marital status led to significant differences among somatization, interpersonal sensitivity, depression, anxiety disorder, hostility, phobic anxiety and paranoid thought scores of the students, with negative effects upon those students whose parents have been divorced. With regard to students' birth order, significant differences were found among somatization, depression, anxiety disorder, phobic anxiety, and psychoticism when comparing middle children to first- or last-born. It was found that the variables of age and number of siblings, when combined, offer a high predictive correlation with the number of siblings, which is the strongest predictive variable.

Conclusions and Recommendations: Considering these results, some psychological aid services could be arranged for university students to in order to help them lessen or overcome negative psychological symptoms. Especially for the students suffering intense psychological problems, psychological consultation centers can be established to diagnose and treat them in the best way possible via holistic rehabilitation methods.

Keywords: University students, psychological symptoms, sociodemographic features, age, number of siblings, birth order.

Psychological problems, the dependent variables of the study, often emerge during stressful periods and frequently manifest themselves as depression. Under these stressful negative environmental conditions, an individual may find it difficult to adapt university life. These problems directly affect the daily activities and productivity of the individual. Psychological symptoms, which unveil the negative effects mentioned above, are connected to the physiological, psychological and behavioral symptoms caused by general anxiety (Kerimova, 2000). In other words, psychological symptoms are the indicators that mental health is negatively affected, and serve to diagnose mental illnesses (Kılıç, 1991).

The psychological symptoms discussed within the scope of this study can be categorized under the following titles:

1. Somatization: A state of compulsion pertaining to some physical functions (Dağ,1991). Somatization consists of many recurrent somatic complaints that continue for years despite any proven specific physical disturbances. Some symptoms of somatization are fainting, loss of memory, chest pain, agoraphobia, poor appetite, abdominal pains, nausea, difficulty in breathing, feeling uncomfortably warm or cold, numbness and tingling (Enç, 1978).

2. Obsessive-compulsive disorder: Symptoms of this disorder are involuntary, disturbing, foreign, repeated thoughts that cannot be removed from the mind through conscious endeavors (obsession) to neutralize obsessive thoughts (compulsion) (Bayraktar &Aydemir, 1996).

3. Interpersonal sensitivity: This is a compulsion resulting from the individual's feelings of insufficiency and self-humiliation (Dağ, 1991).

4. Depression: Common symptoms of depression include grief, pessimism, misery, annoyance, reluctance, desperation, loneliness, negative feelings pertaining to self, suicidal thoughts, lack of concern and instability (Enç, 1978).

5. Anxiety disorder: Commonly known as “fear of failure,” an anxiety disorder occurs when an individual feels that their strong desires or motivations are not likely to be achieved (Hançerlioğlu, 1988).

6. Hostility: Common symptoms of hostility are nervousness and instability, blaming others for current predicaments, unjustified anger, short temper, distrust, physical abuse, physical injury, destructive behavior and vandalism (Enç, 1978).

7. Phobic anxiety: A state of fear connected to an object (Hançerlioğlu, 1988). Phobic anxiety typically manifests as avoidance of the object of fear. Agoraphobia and being alone are among the most common.

8. Paranoid thoughts: Paranoia and paranoid tendency is a complex compulsion that often features fear, undue worry, extreme skepticism, hostility, and grandiose feelings of autonomy. (Dağ, 1991)

9. Psychoticism: Psychosis, the most severe of physiological symptoms, is a state of mind where the individual withdraws himself from the normal social environment. A schizoid lifestyle typically prevails and distinct schizophrenic delusions are present (Dağ, 1991). Common symptoms are the belief that others are in control of personal thoughts, intense loneliness even when among familiar people and the feeling that life is punishment for past sins.

Man, as a highly social being, interacts intensely with those among him in both direct and indirect ways. The number and the quality of these interactions have various effects on the psychological function of man (Cüceloğlu, 2005; Kağıtçıbaşı, 2010). Negative social conditions and perversions of socio-demographic features force the individual to develop dysfunctional, obsessive and maladaptive tendencies. Today, in particular, the fact that individuals’ emotional and personal development needs are not sufficiently met, alienation in social life, conflict between generations, rapid change and difficulties in business life, people’s loss of value and meaning of individual existence especially affect youth deeply during their critical periods of social development (Can and Altıntaş, 2009). These negative factors deteriorate man’s personal and social harmony, psychological balance and functions at certain levels leading to the emergence of some psychologic symptoms (Öztürk, 2004). Ongoing studies show that among the factors that affect psychological symptoms most are socio-demographic factors such as age (Ge, Natsuaki & Conger, 2006; Chou, 2007); divorce (Amoros, Sanchez & Carrillo, 2008; Flouri, 2010); perverse social environment (Kawa, Carter, Joyce, Doughty, Frampton, Wells, Walsh & Olds, 2005; Wannebo and Wichstrom, 2010); childhood psychological trauma (Schumacher, Coffey & Stasiewicz, 2006); difficulties in business life (Carlson and Tamm, 2000) and the number of siblings and communication between them (Lobato, Faust, & Spirito, 1988; Kempton, Armistead, Wierson, & Forehand, 1991). On average, psychotic symptoms and developmental problems emerge when a person is 14 years old (Maziade, Gingras, Rodrigue, Bouchard, Cardinal, Gauthier, Tremblay, Cote, Fournier, Boutin, Hamel, Roy, Martinez, & Merette, 1996). According to Tolbert,

Brown, Fowler and Parsons (2001) there is a significant relationship between the age when the symptoms emerge and their severity. Despite findings that reveal individuals' development of psychological symptoms in younger ages (50 years old and less) (Mao, Armstrong, Bowman, Xie, Kadakia, Farrar, 2007); Cernovsky, Landmark and O'Reilly (2002) obtained a result that showed that the later the onset of psychotic symptoms, the greater their severity. The severity of obsessive/compulsive disorders, however, is not age-dependent. (Henin, Savage, Rauch, Deckersbach, Wilhelm, Baer, Otto, & Jenike, 2001).

Biederman, Mick and Faraone (2000) obtained a finding suggesting that as an individual ages, indications based on the severity of the symptoms of hyperactivity, carelessness and impulsive behaviors tend to decline. Newmann, Engel and Jensen (1991) revealed in their study that depressive symptoms such as loss of weight, dysphoric emotions and sleep disorder emerge more severely in youngsters.

Cohen (1993) states that as they age, individuals tend to cope with psychological symptoms more effectively. These studies would therefore tend to show that the typical university age is especially critical for proper social development. Should psychotic tendencies develop during this time, they are likely to be especially severe. Left untreated, milder symptoms that are already present will tend to become more severe or more difficult to treat.

Beside the age factor, divorce and the subsequent social, economic and psychologic results that adversely affect all family members are one of the primary causes of psychological symptoms (Nunes-Costa, Lamela & Figueiredo, 2009).

Another factor which shows a similar impact as divorce is the death of one or both of the parents (Flouri, 2008). Although the loss of parents is typically compensated for by the elder members of family, a feeling of a gap in the family still exists without parents (Barrett, and Turner, 2005; Henderson, Hayslip, Sanders & Loudon, 2009).

The fundamental socio-demographic determinants of psychological problems resulting from familial interaction are birth order, the number of siblings and the interpersonal relationship between them (Pillemer, Suito, Pardo & Henderson, 2010). Generally, findings show that while the youngest children are at greatest risk (Punamaki, Qouta, El Sarraj & Montgomery, 2006), such is contraindicated by the number of children (Distel, Rebollo-Mesa, Abdellaoui, Derom, Willemsen, Cacioppo & Boomsma, 2010; Read, Kinali, Muntoni & Garralda, 2010).

Among the risk factors for a substandard quality of life and psychological disorders are the state of being female, poverty, unemployment, operation and radiation cure, lack of social security, insufficient education period, loss of social functions and singleness (Weiser, Reichenberg, Werbeloff, Kleinhaus, Lubin, Shmushkevitch, Caspi, Malaspina & Davidson, 2008; Zeltzer, Recklitis, Buchbinder, Zebrack, Casillas, Tsao, Lu & Krull, 2009). Based on the theoretical frame described above, it is becoming more and more important to study the psychological symptoms of university students from different social backgrounds according to socio-demographic features. Therefore, the purpose of this study is to determine the

effects of variables such as parents being alive, parents' marital status and birth order on the psychological symptoms of university students, and to analyze the efficacy of the predictive variables of age and number of siblings as regards the psychological symptoms of university students. The research questions of this study are as follows:

1. Are there any differences between the psychological symptoms of university students from the aspect of the variables of parents being alive or not, parents being divorced or not, and students' birth order?
2. Do age and number of siblings act as predictive variables with regard to the psychological symptoms of university students?

Method

Research Design

This study was conducted by the survey method, which investigates psychological symptoms of university students according to parents' mortality, marital status, birth order, and number and age of siblings.

Sample

The population of the study consists of all university students studying at 15 faculties and 2 academies in Atatürk University, within the 2007-2008 academic year. The sample of the study consists of 997 university students, 473 (%47,4) of which were female and 524 (%52,6) were male. The data were collected through the survey of the accessible students, and randomly chosen from the faculties and schools based in the main campus of the university. In this context, a convenience sampling method was used in the study. The sample was composed of the community (students), which had homogeneity at a 95% confidence level and a 5% absolute margin of error through simple random sampling (Arıkan, 2004).

Research Instruments

Brief Symptoms Inventory (BSI). The psychological symptom scores of participating university students were obtained through the Brief Symptoms Inventory which was developed by Derogatis (1992) and adapted into Turkish by Şahin and Durak (1994). The inventory consists of 53 items with a score range of 0-212. The higher the score goes on the scale, the more frequent the symptoms are. It also consists of nine sub-scales of somatization, obsessive-compulsive disorder, interpersonal sensitivity, depression, anxiety disorder, hostility, phobic-anxiety, paranoid thoughts, and psychoticism.

Validity and Reliability

Considering validity, the criterion validity is found to be $r=0.30$ with the Minnesota Multidimensional Personality Inventory (MMPI) and correlations are observed to be the same as those obtained from SCL-90 in some scales and very close in others. From the aspect of structural validity, the study was found to make a significant distinction between smokers and nonsmokers and to identify people with heart disease or schizophrenics/ suicidal tendencies as well as their general susceptibility to stress. Considering the reliability of the inventory, the cronbach-alpha internal consistency coefficient is found to be 0.71 and 0.85 outside of Turkey and between 0.55 and 0.85 in Turkey, whereas test-retest reliability is found to be between 0.68 and 0.91 (Savaşır and Şahin, 1997).

Procedure

A brief symptom inventory was applied to 997 students. Before the application, students were informed about the test and variables. The researcher collected data during class hours with prior institutional permission.

Data Analyses

After the research data was collected, SPSS 16.0 software was used for a statistical analysis of the data. A t-test and one way variance analysis (ANOVA), as well as a regression analysis, were also applied.

Findings and Results

The following section provides findings and interpretations regarding the psychological symptom scores of university students in accordance with parents' vital status.

Table 1

Standard Deviation, Arithmetic Mean Values, and t-values of Psychological Symptom Scores of University Students in Accordance With Parents' Vital Status

Psychological Symptoms	Fathers' and Mothers' Vital Statuses	N	M	SD	t	p
Somatization	Alive	917	5.60	4.86	-0.732	.464
	Dead	80	6.02	5.77		
Obsessive-compulsive disorder	Alive	917	8.21	4.53	0.244	.807
	Dead	80	8.08	4.29		
Interpersonal sensitivity	Alive	917	4.69	3.30	-1.305	.192
	Dead	80	5.20	3.38		
Depression	Alive	917	6.67	4.85	-0.481	.631
	Dead	80	6.95	5.25		
Anxiety disorder	Alive	917	5.99	4.20	-2.033	.042
	Dead	80	7.01	5.13		
Hostility	Alive	917	6.01	4.20	-2.509	.012
	Dead	80	7.25	4.47		
Phobic anxiety	Alive	917	3.72	3.14	-1.231	.219
	Dead	80	4.18	3.87		
Paranoid thoughts	Alive	917	6.34	3.70	-0.852	.394
	Dead	80	6.71	3.83		
Psychoticism	Alive	917	5.22	3.64	-0.540	.589
	Dead	80	5.45	3.72		
Total	Alive	917	57.91	30.25	-1.258	.209
	Dead	80	62.38	33.07		

Significant differences were found between the hostility ($t_{995}=-2.509$, $p=.012$) and anxiety disorder ($t_{995}=-2.033$, $p=.042$) scores of the students whose parents are dead.

The following are the findings and interpretations regarding the psychological symptom scores of university students in accordance with parents' state of being divorced or not.

Table 2

Standard Deviation, Arithmetic Mean Values and t-values of Psychological Symptom Scores of University Students in Accordance With Parents' State of Being Divorced or Not

Psychological symptoms	Parents' state of being divorced or living together		M	SD	t	p
	Divorced	Married				
Somatization	Divorced	76	7.01	6.68	2.533	.011
	Married	921	5.52	4.75		
Obsessive compulsive disorder	Divorced	76	9.14	4.45	1.891	.059
	Married	921	8.12	4.50		
Interpersonal sensitivity	Divorced	76	5.69	3.60	2.640	.008
	Married	921	4.65	3.27		
Depression	Divorced	76	7.89	5.73	2.227	.026
	Married	921	6.59	4.79		
Anxiety disorder	Divorced	76	7.96	5.53	4.008	.000
	Married	921	5.92	4.13		
Hostility	Divorced	76	7.51	4.25	3.010	.003
	Married	921	5.99	4.21		
Phobic anxiety	Divorced	76	4.65	4.00	2.534	.011
	Married	921	3.69	3.12		
Paranoid thoughts	Divorced	76	7.26	3.96	2.178	.030
	Married	921	6.29	3.68		
Psychoticism	Divorced	76	5.78	3.82	1.370	.171
	Married	921	5.19	3.63		
Total	Divorced	76	68.84	35.61	1.231	.219
	Married	921	57.40	29.88		

Significant differences were found between somatization ($t_{995} = 2.533$, $p = .011$), interpersonal sensitivity ($t_{995} = 2.640$, $p = .008$), depression ($t_{995} = 2.227$, $p = .026$), anxiety disorder ($t_{995} = 4.008$, $p = .000$), hostility ($t_{995} = 3.010$, $p = .003$), phobic anxiety ($t_{995} = 2.534$, $p = .011$) and paranoid thought ($t_{995} = 2.178$, $p = .030$) scores of the students whose parents are divorced.

The following are the findings and interpretations regarding the psychological symptom scores of university students in accordance with their birth order.

Table 3
One Way Variance Analysis (ANOVA) Applied In Order To Determine The Significance of The Difference Between Psychological Symptom Scores of Students Regarding Their Birth Order

Psychological symptoms	Birth order	n	M	SD	F	p
Somatization	Firstborn	376	5.36	4.49	3.413	.033
	Middle	344	6.19	5.35		
	Lastborn	277	5.30	4.93		
	Total	997	5.63	4.94		
Obsessive compulsive disorder	Firstborn	376	8.03	4.55	1.610	.200
	Middle	344	8.55	4.53		
	Lastborn	277	8.00	4.41		
	Total	997	8.20	4.51		
Interpersonal sensitivity	Firstborn	376	4.66	3.31	1.897	.151
	Middle	344	5.00	3.21		
	Lastborn	277	4.50	3.39		
	Total	997	4.73	3.30		
Depression	Firstborn	376	6.24	4.68	7.986	.000
	Middle	344	7.54	5.13		
	Lastborn	277	6.26	4.69		
	Total	997	6.69	4.88		
Anxiety disorder	Firstborn	376	5.77	3.94	3.616	.027
	Middle	344	6.57	4.58		
	Lastborn	277	5.86	4.32		
	Total	997	6.07	4.29		
Hostility	Firstborn	376	5.96	4.04	0.860	.423
	Middle	344	6.35	4.29		
	Lastborn	277	6.01	4.41		
	Total	997	6.11	4.23		
Phobik Anxiety	Firstborn	376	3.57	2.98	3.337	.036
	Middle	344	4.12	3.52		
	Lastborn	277	3.56	3.06		
	Total	997	3.76	3.20		
Paranoid thoughts	Firstborn	376	6.34	3.87	2.911	.055
	Middle	344	6.70	3.69		
	Lastborn	277	5.98	3.47		
	Total	997	6.37	3.71		

Psychoticism	Firstborn	376	4.84	3.34	6.373	.002
	Middle	344	5.78	3.68		
	Lastborn	277	5.09	3.92		
	Total	997	5.23	3.64		
Total	Firstborn	376	56.05	29.59	5.354	.005
	Middle	344	62.61	32.05		
	Lastborn	277	55.91	29.20		
	Total	997	58.27	30.49		

According to LSD Post hoc test, significant difference was found between somatization ($F_{(2, 994)} = 3,413$, $p=.033$), depression ($F_{(2,994)} = 7,986$, $p=.000$), anxiety disorder ($F_{(2,994)}=3.616$, $p=.027$), phobic anxiety ($F_{(2,994)}=3.337$, $p=.036$), psychoticism ($F_{(2,994)}=6,373$, $p=.002$) and symptoms total ($F_{(2,994)} = 5,354$, $p=.005$) scores of the students who are middle-born rather than the first-born or last-born. Please correct the sentence with true English. Findings regarding predictive variables of university students' psychological symptoms.

Results of multiple linear regression analysis applied to determine the prediction strength of variables of age and number of brothers and sisters over psychological symptom scores of university students are given below.

Table 4

Results of Multiple Linear Regression Analysis Applied to Determine Prediction of Psychological Symptoms

Predictive variables	B	Prediction error	β	t	p
Age	-.518	.465	-.035	-1.115	.265
Number of siblings	1.997	.468	.135	4.270	.000
	R=.136	R ² =.018	$F_{(2,994)} = 9.301$		p=.000

As is inferred from the Table 4, the variables of age and number of siblings were found to predict the psychological symptom scores of university students at a significant level ($R=.136$, $R^2=.018$, $F_{(2,994)}=9.301$, $p=.000$). This finding demonstrates that these variables together explain %1,8 of the variance regarding the total psychological symptom scores of university students. Taking the results of the independent t-test into consideration, the variable of the number of siblings ($\beta=.135$) was found to be the stronger predictive variable ($t=4.270$, $p=.000$).

Conclusions and Recommendations

It was ascertained as a result of this study that parents being deceased or parents' being divorced/separated is a risk factor for participating university students to suffer more intense psychological symptoms. These differences can be explained by a lack of received respect, lack of self-respect and lack of affection caused by being deprived of interest from one or both parents. Most studies have found a correlation with the parents' divorced marital status, and illicit drug use, perverse family conditions, insecurity in the family, conflict and abuse (Higgins, 2003; Schneider and Phares, 2005; Turner and Kopiec, 2006; Kaya, Kaya & Pehlivan, 2007; Hollis, Groom, Das, Calton, Bates, Andrews, Jackson & Liddle, 2008; Ross and Davies, 2009; Landgraf, Zahner, Nickel, Till, Keller, Geyer, Schwanitz, Gausche, Schmutzer, Brahler & Kiess, 2010; Pillemer, Suito, Pardo & Henderson, 2010; Read, Kinali, Muntoni, & Garralda, 2010). All these menace the psychological health of the adults (Marks, Jun & Song, 2007). Adults need special interest, love, support and protection to avoid the affects of negative conditions and to overcome the problems that occur due to divorce or loss of parent(s) to death (Türkmen, 2005). Consequently, loss of one or both of the parents may cause psychological symptoms in adults. In evaluating the psychological risks to which adults may be exposed, birth order is believed to be a potential variable (Silver and Frohlinger-Graham, 2000), and middle-born children are ascertained to be at highest risk for the development of psychological symptoms. Some research results which support this contention are those of Jacobvitz, Hazen, Curran & Hitchens, 2004; Qouta, Punamaki, Montgomery & El Sarraj, 2007; Annear and Yates, 2010. Middle children who often attract insufficient attention compared to their firstborn and lastborn siblings frequently attempt to compensate through sports and the arts (Senemoğlu, 2007). Few, however, possess the special talents required to excel in these endeavors, and they may develop feelings of pitifulness, failure and indifference. A greater tendency for middle-born children to develop psychological symptoms compared to their first- and last-born siblings can be seen within this context. Furthermore, it was also found that their age and number of siblings do predict the psychological symptoms at a significant level. It is demonstrated in some studies that age is an important variable from the aspect of understanding and predicting psychological symptoms (Schultz, Miller, Oliver, Arndt, Flaum, & Andreasen, 1997; Biederman, Mick and Faraone, 2000; Cernovsky, Landmark and O'Reilly, 2002; Wauterickx and Bracke, 2005; Mao, Armstrong, Bowman, Xie, Kadakia, Farrar, 2007).

The variable of the number of siblings is also a strong predictor of psychological symptoms. This can be explained through character dynamics and the qualitative and quantitative attributes of intra-family relationships. When the number of siblings is more than the average, generally more than three, an increase in psychological symptoms is well demonstrated (Aro, Paronen & Aro, 1987; Mari, Larsson & Wichstrøm, 2003; Davies and Lindsay, 2004; Distel, Rebollo-Mesa, Abdellaoui, Derom, Willemsen, Cacioppo & Boomsma, 2010). Among other reasons, this difference can be explained by various variables, such as a high number of siblings creating physical and psychological problems, insufficient attention from parents and

the lack of close interaction between the siblings. Considering the findings of the study mentioned above, the following recommendations can be made: to routinely survey students and to develop personal and social aid strategies for those most at risk most for developing or currently experiencing psychological symptoms. In particular, studies can be done relating psychological problems to social features at an advanced level. In parallel with the results obtained from these findings, psychological and psychiatric consulting centers can be established to correctly and holistically diagnose and treat the university students with psychological symptoms. In addition, through consideration of birth order and number of siblings, parents can be informed about aiding their children in having healthy attitudes about these conditions. Birth order and number of siblings should also be considered in schools, common education centers and social service institutions.

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Üniversite Öğrencilerinin Sosyodemografik Özelliklerine Göre Psikolojik Belirtileri

(Özet)

Problem Durumu: Psikolojik belirtiler, zorlamalı yaşam koşulları ve bunların birey üzerindeki olumsuz yansımalarıyla oluşmaktadır. Genel bir bunaltı sonucunda oluşan fizyolojik, psikolojik ve davranışla ilgili belirtilerdir. Literatürde psikolojik belirtilerin başlıcaları: somatizasyon, obsesif-kompulsif bozukluk, kişilerarası duyarlılık, depresyon, anksiyete bozukluğu, hostilete, fobik anksiyete, paranoid düşünceler ve psikotisizmdir. Psikolojik belirtiler üniversite öğrencilerini çok yönlü etkilemekte ve önemli yaşamsal sorunlara neden olabilmektedirler

Araştırmanın Amacı: Bu çalışmada, üniversite öğrencilerinin psikolojik belirtileri ana-babalarının hayatta olma, ayrı yaşama, doğum sırası gibi değişkenlere göre farklılaşp, farklılaşmadığı ve yordayıcı değişken olarak analize sokulan yaş ve kardeş sayısı değişkenlerinin psikolojik belirtileri yordayıp, yordamadığının belirlenmesi amaçlanmıştır,

Araştırmanın Yöntemi: Araştırma Atatürk Üniversitesi'nde 15 fakülte ve 2 yüksekokulda öğrenim gören üniversite öğrencilerinin üzerinde gerçekleştirilmiştir. Örneklem, adı geçen evrenden seçkisiz ve oransız olarak belirlenen 473 (%47.4) kız, 524 (%52.6) erkek olmak üzere toplam 997 öğrenciden oluşturulmuştur. Araştırmada veriler, Derogatis (1992) tarafından geliştirilmiş ve Şahin ve Durak (1994) tarafından uyarılma çalışmaları yapılan Kısa Semptom Envanteri ile elde edilmiştir. Ölçek somatizasyon, obsesif-kompulsif bozukluk, kişilerarası duyarlılık, depresyon, anksiyete bozukluğu, hostilete, fobik anksiyete, paranoid düşünceler ve psikotisizm gibi alt ölçeklerden oluşmaktadır. KSE'nin 9 alt ölçeği için elde edilen Cronbach Alfa iç tutarlılık katsayılarının .71 ve .85 arasında değiştiği belirtilmektedir. Test-tekrar test güvenilirliği 9 alt ölçek için $r = .68$ ve $r = .91$ arasında bulunmuştur.

Ölçüt bağıntılı geçerlik çalışmasında KSE ile MMPI klinik, içerik ve küme ölçekleri arasındaki korelasyonların $r: .30$ 'un üzerinde bulunduğu ve korelasyonların SCL-90' dan elde edilen korelasyonlarla bazı ölçeklerde tümüyle özdeş, diğerlerinde ise çok yakın olduğu görülmüştür. Yapı geçerliği için yapılan çeşitli çalışmalarda ölçeğin sigara içenlerle içmeyenleri, gerçek kalp hastaları ile koroner hastalığı olmayanları ve intihar riski olan şizofrenlerle olmayan şizofrenleri anlamlı olarak ayırt edebildiği görülmüştür (Savaşır ve Şahin, 1997).

Veriler önceden alınan kurumsal izin doğrultusunda ders saatleri içerisinde toplanmıştır. Verilerin çözümlenmesinde t testi, tek yönlü varyans ve regresyon analizleri kullanılmış olup, işlemler bilgisayarda SPSS 16.00 programı ile yapılmıştır.

Araştırmanın Bulguları: Üniversite öğrencilerinin ana-babalarının hayatta olma değişkenine göre psikolojik belirtilerinden sadece anksiyete bozukluğu ve hostilete ana-babası hayatta olanlara karşın olmayanlarda anlamlı derecede daha yüksek olduğu görülmüştür. Somatizasyon, obsesif-kompulsif bozukluk, kişilerarası duyarlılık, depresyon, fobik anksiyete, paranoid düşünceler ve psikotisizm belirtilerine göre anlamlı farklılaşma bulunmamıştır. Ana-babalarının ayrı yaşama durumlarına göre psikolojik belirtilerinden somatizasyon, kişilerarası duyarlılık, depresyon, anksiyete bozukluğu, hostilete, fobik anksiyete ve paranoid düşünceler ana-babası ayrı olanlarda anlamlı derecede daha yüksek olduğu saptanmıştır. Obsesif-kompulsif bozukluk ve psikotisizm belirtilerine göre anlamlı farklılaşma görülmemiştir. Doğum sırasına göre psikolojik belirtilerden somatizasyon, depresyon, anksiyete bozukluğu, fobik anksiyete, psikotisizm gibi psikolojik belirtilerin tamamında ortanca çocuklarda ilk ve son çocuklardan anlamlı derecede

daha yüksek bulunmuştur. Obsesif-kompulsif bozukluk, kişilerarası duyarlılık, hostile ve paranoid düşünceler belirtilerine göre anlamlı farklılaşma saptanmamıştır. Yordayıcı değişken olarak analize sokulan yaş ve kardeş sayısının birlikte psikolojik belirti puanlarını anlamlı düzeyde yordadığı belirlenmiştir. Psikolojik belirtilerin en güçlü yordayıcısının ise kardeş sayısı olduğu görülmüştür.

Araştırmanın Sonuçları ve Önerileri: Üniversite öğrencilerinden ana-babaları hayatta olmayanlar ve ayrı yaşayanlarda psikolojik belirtiler anlamlı olarak daha yüksek düzeyde bulunmuştur. Bu durum, anne ve babası hayatta olmayan ya da ayrı olan öğrencilerin yalnızlık, sevgi ve ilgi yoksunluğu ve değersizlik gibi duyguları yoğun olarak yaşamalarından kaynaklanabilir. Yapılan araştırmalarda da ana-babası hayatta olmayan ya da ayrı yaşayan bireylerde psikolojik belirtilerin daha yüksek olduğunu göstermektedir. Ayrıca bu bireylerin yaşadıkları psikolojik sorunlar nedeniyle özel ilgi, şefkat, destek ve korunmaya gereksinim duyduklarını bildirmektedir. Ailede ortanca çocuk olma durumu psikolojik belirtileri artıran diğer bir etken olarak saptanmıştır. Ortanca çocuklar, ilk ve son çocukların arasında yeterince ilgi kaynağı olamadıklarından sıklıkla bu ihtiyaçlarını spor ve sanat gibi alanlarda kendilerini göstererek gidermeye çalışmaktadırlar. Ancak, bu tür alanlar özel yetenek gerektiğinden çoğu kez yeterince başarılı olamamakta ve böylece değersizlik, başarısızlık, ilgisizlik gibi olumsuz duygular yaşayabilmektedirler. İlk ve son çocuklara göre ortanca çocuklarda psikolojik belirtilerin daha yüksek bulunması bu bağlamda açıklanabilir. Ayrıca, yaş ve kardeş sayısının birlikte psikolojik belirtileri anlamlı olarak yordadığı sonucu elde edilmiştir. Yaşın psikolojik belirtileri anlama ve yordama açısından önemli bir değişken olduğu birçok araştırma ile gösterilmiştir. Yaşla birlikte psikolojik belirtilerin ortaya çıkma zamanı, şiddeti ve yaşam dönemlerindeki seyri sıklıkla araştırmalara konu olmaktadır. Kardeş sayısının psikolojik belirtileri yordayan güçlü bir etken olması ise, kardeşler ve diğer üyeler arasında sürdürülen aile içi ilişkilerin nicel ve nitel özellikleri ve özgün dinamikleri ile açıklanabilir.

Araştırma sonuçları dikkate alındığında, özellikle ana-baba yoksunluğu yaşayan üniversite öğrencilerinin sosyal, kültürel, sanatsal ve sportif etkinliklere katılarak bir sosyal yapıya ait oldukları hissettirilebilir ve böylece yalnızlık, değersizlik, ihmal edilme ve ilgi eksikliği gibi olumsuz duygular yaşamaları önenebilir. Bunun için üniversitelerde bu tür olumlu işlevleri yerine getiren merkezler daha yaygın ve etkili hale getirilebilir. Ayrıca değişik düzeylerde psikolojik belirti yaşayan öğrencilerin, bütüncül bir rehabilitasyon yaklaşımıyla doğru ve etkili bir şekilde teşhis ve tedavilerini yapan psikolojik ve psikiyatrik danışma merkezleri oluşturulabilir. Son olarak, psikolojik belirtilerle ilişkili olduğu düşünülen yaşamın diğer alanları ile ilgili değişkenler de katılarak daha kapsamlı sonuçlar elde edilebilir.

Anahtar Sözcükler: Üniversite öğrencileri, psikolojik belirtiler, sosyodemografik özellikler, yaş, kardeş sayısı, doğum sırası.